

Attachment C 1*** Mental Health Goals****Agency Name**

I. Total Caseload	
	Yearly Goal
a. Total cases (unduplicated)	
b. Survivors of torture (if any)	
II. Services Provided	Yearly Goal
a. Assessments	
b. Ongoing Treatment & Intervention	
c. Case Management	
d. Referral to other Resources	
e. Homebound	
IV. In-service Trainings	Number of Trainees
a. Training provided for MH bilingual staff	
b. Training provided for MH agency staff	
c. Number of consultation provided	
V. Workshop(s) Conducted	Number of Trainees
a. Orientation Sessions Provided FOR Refugees & Community Members	
b. Training Provided <u>TO</u> Other Service Providers	

*** Optional form to be completed by agencies that will provide Mental Health Services as part of the Social Services Program**